## APPENDIX A



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## COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL QUALITY ENGINEERING DIVISION OF SOLID AND HAZARDOUS WASTE

One Winter Street Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)								
	UNIFORM HAZARDOUS  WASTE MANIFEST  1. Generator US EPA ID No.  Manifest Document No.			Page 1 Information in the shaded areas     of is not required by Federal law.				
	3. Generator's Name and Mailing Address Teknor Apex Co. 505 Central Ave			A. State Manifest Document Number MA C241138				
	4. Generator's Phone (40) 725-3404 Pawtucke T.P.I				B, State Gen. ID Same			
	5. Transporter 1 Company Name	6. US EPA ID Number	:	C.Stat	e Trans. ID			
	SAMSON OIL 7. Transporter 2 Company Name							
	DEPENDABLE WASTE OIL	8. US EPAID Number		D. Transporter's Phone ( 617) 761-6315 E. State Trans. ID				
	Designated Facility Name and Site Address     10. US EPA ID Number							
	BEEDE WASTE OIL KELLEY RD.			F. Transporter's Phone ( 603 382-4515 G. State Facility's ID Not Required				
	PLAISTOW, N.H. 03365		ti Ai O					
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			ainers	13. Total	14. Unit	I. Waste No.	
GE	a.		No.	Туре	Quantity	Wt/Vol		
	WASTE PETROLEUM CIL N.C.S.		001	77	00450	G	M O O 1	
	b.							
N					1			
E R A T O R	C.					-	<del>                                     </del>	
					,			
ı	d.							
1							1.1/1	
	J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)			K. Handling Codes for Wastes Listed Above				
	a VSed Motor Oila			а.	<u> </u>	c.		
	b. d.			b.	11	d.	لسلسا	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically or and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the ment; OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me								
							e environ	
	can afford.	<u></u>	_			[	Date	
	Printed/Typed Name	Signature A	7			Month	Day Year	
ᆛ	17. Transporter 1 Acknowledgement of Receipt of Materials	- AK	Ods	Las	4	_ 05	Date	
TRANSPORTER	Printed/Typed Name	Signature				Month	Day Year	
200	SAM BATTAGLIA	Samul 6		H	to	100	2087	
R T	18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name	Signatura			$\mathcal{I}_{I}$	140.016	Date	
E R	nest F LORD	Signature	02	2	d	Month   Q g	au E	
F A C	19. Discrepancy Indication Space 4948 - 0011							
1	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
T	Date							
Y	Printed/Typed Name	Signature	Thi	01	wal	Mopel		
orm	Approved OMB No. 2050 0039, Expires 9:30-88	( Jarras		الماسير		101	7/10	

GENERAL ORTHALLED BY TSDF

Form Approved OMB No. 2050-0039, Expires 9-30-88 EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.